DECLARATI	ON FOR UTILITY OR	Attorney Docket No.	POLYT9866 WO-US
	TENT APPLICATION 7 CFR 1.63)	First Named Inventor	Shaunak, S.
`	•	Application Number	To Be Assigned
Declaration	Declaration	Filing Date	Herewith
	OR Submitted after Initial	Group Art Unit	Unknown
Initial Filing	Filing (surcharge (37 CFR 1.16(e)) required)	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPLEXES HAVING ADJUVANT ACTIVITY

The specification of which	
☐ is attached hereto	
or	
was filed on 7 January 2005 as PCT International Application Number	
PCT/GB2005/00039 and was amended on	(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

PRIORITY CLAIMS

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application (s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
GB 04 00264.8	GB	01/07/2004		N
Additional foreign app	lication numbers are l	isted on a supplemental priority o	iata sheet PTO/SB/0213	attached hereto:

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

DIRECT ALL CORRE	SPONI	ENCE TO:	·		
Customer number 000					
OR	, 0 570 1 5				
Correspondence address	halow				
Name: Bell & Associates	Delow.				
Address: 416 Funston Av	onue Si	nite 100			
City: San Francisco	enue, si	State: CA		ZIP: 9	14118
Country: USA		Telephone: 415	752 4985	-	15 276 6040
I hereby declare that all statements mare believed to be true; and further the made are punishable by fine or imprivalidity of the application or any pare	sonment, or ent issued the	of my own knowledge attements were made with both, under 18 U.S.C. nereon.	are true and that all standard the knowledge that v	itements m	ade on information or belief statements and the like so
NAME OF SOLE OR FI	RST IN	VENTOR:	a petition has	been filed	for this unsigned inventor
Given Name (first and middle,	if any)		Surname		
Sunil	Λ		Shaunak		
Inventor's		٨	Date		
Signature -	CKY.		Y - 0	fi .	
1 Maria 2	over and	man.	17 le	may	2005
Residence: City London	State		Country United Kingd	om	Citizenship British
			Office Ringe	UIII	Diffish
Mailing Address: Department of Infectious DuCane Road City	Disease State	s, Imperial Coll	ege London, H	ammer	smith Hospital,
London	State		W12 0NN		United Kingdom
					-
NAME OF SECOND IN	VENTO	R:	a petition h	as been	filed for this unsigned
Given Name (first and middle	(if any))	· · · · · · · · · · · · · · · · · · ·	Surname	·····	
Stephen			Brocchini	<u>.</u>	
Inventor's Signature	ml		Date 17	Feb	ruery 05
Residence: City	State		Country		Citizenship
London			United Kingd	lom	United States
Mailing Address: Department of Pharmace University of London	eutics, 2	9-39 Brunswick	Square, The So	chool of	Pharmacy,
City	State		ZIP		Country
London			WC1N 1AX		United Kingdom
Additional inventors are being thereto.	named on th	ne <u>one</u> supplemen	tal Additional Invento	r(s) Sheet(s) PTO/SB/02A attached

Supplemental Additional Inventor(s) Sheet

Name of Additional Joi	int Inventor:	a petition has been filed	for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname		
Antony		Godwin		
Inventor's Signature	· .	Date 17th From	2005	
Residence: City London	State	Country United Kingdom	Citizenship British	
Mailing Address: Department of Pharma University of London	ceutics, 29-39 Brunswi	ck Square, The School o	f Pharmacy,	
City London	State	ZIP WC1N 1AX	Country United Kingdom	
Name of Additional Joint Inventor:		a petition has been filed	for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname		
Ji-Won		Choi		
Inventor's		Date		
Signature		X 17/2/05	<u> </u>	
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Mailing Address Department of Infectio DuCane Road	ous Diseases, Imperial C	College London, Hamme	rsmith Hospital,	
City London	State	ZIP W12 0NN	Country United Kingdom	
Name of Additional Jo	int Inventor:	a petition has been filed	for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address		<u> </u>		
City	State	ZIP	Country	

Supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A

	Attorney Doc	ket No.	POLYT 9866 WO-US	
	First Named		Sunil Shaunak	
POWER OF	Inventor			Ì
ATTORNEY &	Application N	umber	To Be Assigned	
CORRESPONDENCE	Title		COMPLEXES HAVING ADJUVANT	•
ADDRESS			ACTIVITY	
INDICATION FORM	Filing Date		01/07/2005	
	Priority Date	····	01/07/2004	
	Art Unit		To Be Assigned	
	Authorized O	fficer	To Be Assigned	
I hereby appoint:	1		J	
☑ Practitioners at Customer 1	Number0000	039843	or	
☐ Practitioner(s) named below	» :			
Name		Regist	tration Number	
ADAM W. BELL		43,49		
MATTHEW R. KASER		44,81	7	
as my/our attorney(s) or age	ent(s) to prosecu	te the ap	plication identified above, and all	
			nuations, RCEs, CPAs, CIPs, PCT	
			cations) and to transact all business	
			nected therewith, and in any PCT or	
1		Patent Of	ffice connected therewith where the	
practitioner(s) is/are eligible	e to practice.			
·		for the	above-identified application to:	
The above-mentioned Cus				
☐ Practitioners at Customer N	Number		,	
☐ Address below:				
Firm or Individual Name	BELL & ASSO	CIATES		
	416 FUNSTON			-
	SAN FRANCIS			
Country USA	State CA		ZIP 94118	
Telephone (415) 752-40		(415)	276-6040	
I am the:	UJ TAK	1(713)		
☐ ☑Applicant/Inventor				
☐ Assignee of record of the e	entire interest. See	37 C.F.R	R. 3.71.	
Statement under 37 C.F.R				
			Assignee of Record	
Name Sunil Shauna				
Signature X	the state of	Couna	h,	
Date	17 Felman			
NOTE: Signatures of all the inventors or	assignees of record out	e entire inte	rest or their representative(s) are required. Submit	
multiple forms if more than one signatur	e is required, see below*	•		
*Total of 4 forms are subm	nitted.			

	Attorney Dock	et No.	POLYT 9866 WO-US
	First Named	<u>-</u>	Sunil Shaunak
POWER OF	Inventor		
ATTORNEY &	Application N	umber	To Be Assigned
CORRESPONDENCE	Title		COMPLEXES HAVING ADJUVANT
ADDRESS			ACTIVITY
INDICATION FORM	Filing Date		01/07/2005
	Priority Date		01/07/2004
	Art Unit		To Be Assigned
	Authorized Of	ficer	To Be Assigned
I hereby appoint:			
Practitioners at Customer 1	Number <u>0000</u>	39843	or
☐ Practitioner(s) named below	w:		
Name		Regist	tration Number
ADAM W. BELL		43,490	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
MATTHEW R. KASER		44,817	7
			plication identified above, and all
			uations, RCEs, CPAs, CIPs, PCT
,			cations) and to transact all business in
			ected therewith, and in any PCT or
<u>-</u>		atent Of	fice connected therewith where the
practitioner(s) is/are eligibl	e to practice.		
Record/ change the corresp	ondence address	for the a	above-identified application to:
★ The above-mentioned Cus			
☐ Practitioners at Customer N	Number		
☐ Address below:			•
<u></u>	BELL & ASSOC		
<u></u>	416 FUNSTON		JE
}	SAN FRANCISC	<u> </u>	
Country USA	State CA		ZIP 94118
Telephone (415) 752-40	85 Fax	(415)	276-6040
I am the:			
□ Applicant/Inventor	unting interport Cos	77 C E D	271
☐ Assignee of record of the e Statement under 37 C.F.R			
<u></u>			Assignee of Record
Name Stephen Broo		ALL VI A	
Signature X Stephen Brown	50-0-10-		
	brian 05		
	assignees of record of the	entire inter	rest or their representative(s) are required. Submit
multiple forms if more than one signature			
*Total of 4 forms are subm	nitted.		

	Attorney Dock	et No.	POLYT 9866	WO-US
	First Named		Sunil Shauna	k
POWER OF	Inventor			
ATTORNEY &	Application Nu	umber	To Be Assign	ed
CORRESPONDENCE	Title			HAVING ADJUVANT
ADDRESS			ACTIVITY	
INDICATION FORM	Filing Date		01/07/2005	
	Priority Date		01/07/2004	
	Art Unit		To Be Assign	ed
	Authorized Of	ficer	To Be Assign	ned
I hereby appoint:				
☑ Practitioners at Customer 1		39843	or	
☐ Practitioner(s) named below	w:	Design	matica Niverkan	
Name ADAM W. BELL		43,490	ration Number	
MATTHEW R. KASER		44,817		
MATTHEW K. KASEK 44,017				
as my/our attorney(s) or age	ent(s) to prosecut	e the an	plication identi	ified above, and all
related applications (includ	ing all divisionals	s. contin	uations. RCEs	. CPAs. CIPs. PCT
applications, European and	-			
the United States Patent and				
WIPO or European Patent (
practitioner(s) is/are eligible				
Record/ change the corresp		for the a	bove-identifie	d application to:
☑ The above-mentioned Cus				
☐ Practitioners at Customer N☐ Address below:	Number			
Address below.				
Firm or Individual Name	BELL & ASSOC	CIATES		<u> </u>
	416 FUNSTON		TE	
	SAN FRANCISO		,	
Country USA	State CA		ZIP	94118
Telephone (415) 752-40	85 Fax	(415)	276-6040	
I am the:				
☑Applicant/Inventor			0.71	
☐ Assignee of record of the e				
Statement under 37 C.F.R	TURE of Applica	 		cord
Name Antony Gody		ant of A	issignee of ite	coru
Date X 17	12/05			
NOTE: Signatures of all the inventors or	assignees of record of the		rest or their representa	tive(s) are required. Submit
multiple forms if more than one signatur				
*Total of 4 forms are subm	nitted.			

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		ey Docket No.	POLYT 9866	
DOMEST OF	First Na		Sunil Shaunak	(
POWER OF	Invento			
ATTORNEY &		ation Number	To Be Assign	
CORRESPONDENC ADDRESS	1 Itie		ACTIVITY	HAVING ADJUVANT
INDICATION FOR	Filing I	Date	01/07/2005	
	Priority		01/07/2004	
	Art Un		To Be Assign	ed
	Author	ized Officer	To Be Assign	ed
I hereby appoint: ☑ Practitioners at Custo ☐ Practitioner(s) named			or	
Name			tration Number	
ADAM W. BELL	ED	43,49		
MATTHEW R. KAS	EK	44,81	1	
•	respondence of		ahove-identifie	d application to:
Record/ change the comment one of the above-mentioned Practitioners at Custo Address below:	rrespondence and Customer Nur	address for the	above-identifie	d application to:
Record/ change the come The above-mentioned Practitioners at Custo	rrespondence and Customer Nur omer Number	address for the		d application to:
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Record/ change the come The above-mentioned Practitioners at Custo Address below: Firm or Individual National Address City Country USA	rrespondence a d Customer Nur mer Number me BELL & 416 FUN SAN FRA State	ASSOCIATES ISTON AVENUANCISCO CA	JE ZIP	d application to: 94118
Record/ change the come The above-mentioned Practitioners at Custo Address below: Firm or Individual National Address City Country USA Telephone (415) 75	rrespondence a d Customer Nur mer Number me BELL & 416 FUN SAN FRA State	ASSOCIATES ISTON AVENUANCISCO CA	JE	
Record/ change the comod The above-mentioned Practitioners at Custo Address below: Firm or Individual National Address City Country USA Telephone (415) 75 I am the: Applicant/Inventor Assignee of record of Statement under 37 (510)	rrespondence and Customer Number me BELL & 416 FUN SAN FRA State 52-4085 f the entire interector of the control of the	ASSOCIATES STON AVENUANCISCO CA Fax (415) est. See 37 C.F.F. s enclosed. (For	JE ZIP 276-6040	94118
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